

MULTIPLE DEPEN  
CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FEE SCHEDULE XTO-875)

SERIAL NO.  
10/577038

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.	←			←		←
TOTAL CLAIMS		████████		████████		████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.		64		↓		
TOTAL DEP.	←		←		←	←
TOTAL CLAIMS		████████		████████		████████